

Pamela Pinkston Scenario

Facilitator's Guide

**Abuse and Neglect Prevention
Training**

**Nursing Home
Resident-to-Resident
Sexual Assault**

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caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect clients dignity

Wisconsin DHFS Caregiver Project

caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect *clients* *dignity*

This training project is sponsored by the Wisconsin Department of Health and Family Services in partnership with the University of Wisconsin-Oshkosh Center for Career Development. The project is funded by a federal grant from the Centers for Medicare and Medicaid Services.

The primary goal of the training is to reduce the incidence of abuse, neglect, and misappropriation. The training is designed for direct caregivers and managers in nursing homes, long-term care hospitals, facilities serving people with developmental disabilities, hospices, home health agencies, community-based residential facilities, and personal care worker agencies.

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Facilitator Notes – Opening the Scenario

Opening Section: 10 minutes

Facilitator says¹:

Welcome to the Pamela Pinkston Scenario. Each of you has chosen a life to lead in this session. Please read through the starter descriptions in your binder. In a few minutes, I will ask you to briefly introduce your life to everyone, describing your values and relationships to others.

[Give participants approximately 3 minutes to read through their life starter information.]

Before each of you introduces yourselves, let me provide a brief description of the scenario and walk you through the Learning Points we'll focus on.

[Read the Summary of the Scenario to the group. Review learning points for the scenario. Refer to Learning Points poster.]

Summary of the Scenario

This case occurs in Pleasant Hills Nursing Home and Rehabilitation Center: a large facility with over 120 residents. Pamela Pinkston is a 51-year-old resident who is recovering from a brain injury sustained in a car accident. She has been here for two months and is receiving rehabilitative services. Pamela's ability to move and talk has been severely reduced by the accident. Her memory is impaired and her thinking is slow. She is not competent to make her own decisions at this time. Her husband, John, has power of attorney for health care and is her health care agent. Pamela has been making steady progress, but recently her family and nursing staff have noticed a decline in her condition.

¹ Please note that we do not expect you to read these sections verbatim. This is only a guide to what you'll tell the group.

Scenario Learning Points

As a result of this session, participants will:	Participants will demonstrate this by:
1. Recognize the signs and symptoms of sexual assault.	<ul style="list-style-type: none"> • Identifying physical and behavioral <i>red flags</i> of a victim of sexual violence. • Identifying behavioral <i>red flags</i> of sexual predators. • Understanding that sexual assault could have occurred even if there is no clear sign of physical harm.
2. Know how and where to report sexual abuse of a resident, and how to support victims of sexual assault.	<ul style="list-style-type: none"> • Understanding the necessity to report. • Naming the facility staff person who must receive the report. • Identifying the process that ensures thorough follow-up and support for the victim.
3. Understand how to prevent sexual assault.	<ul style="list-style-type: none"> • Identifying possible policies and procedures that could prevent sexual assault. • Understand promising practices for direct caregivers that could prevent sexual assault.

[Ask participants to go around the group and introduce themselves, in character, using their starter page.]

Facilitator says:

Let's review Pamela's Individualized Care Plan in your life binders.

[Point out some of the information in the care plan so participants know more about Pamela.]

Pamela Pinkston, Individualized Care Plan

(excerpted)

Diagnosis:

51-year-old woman, admitted after 5-day admission at Badger Memorial for traumatic brain injury suffered in a car accident.

Intracranial injuries have caused hemorrhaging resulting in excessive sleepiness, impaired memory, faulty judgment, as well as slowed speech and thinking. Patient requires assistance in most activities of daily living.

Husband, John P. Pinkston, is resident's health care agent due to patient's severely reduced capacity to make health care decisions.

Requires Assistance with:

- bathing
- transferring
- speech therapy
- medication management
- range-of-motion exercises with arms and legs

Safety:

Walking and movement are still problematic. Patient requires assistance. May walk independently with ambulatory aides such as a cane or walker.

Avoid visits after 6:00p.m.

Facilitator says:

Here's how we'll go about conducting the session:

- You can identify the scenes you will be in by looking at the bottom of your starter page.
- You don't have to memorize your lines. Before each scene, you'll be given a few minutes to look over your lines.
- I'll call for each scene by number and color, so you'll know when it's your turn to participate. I'll also give you some stage direction so you'll know where to stand or sit as you have your conversations. When you are not in a scene, simply relax and follow along.
- You'll be given an opportunity to get into the life you are leading during the warm-up.

Time Check: 70 minutes remaining

Facilitator Notes – Warm-Up

Warm up: 3 minutes

Facilitator says:

Let's get into our lives with a brief warm-up exercise. This is meant to give you an opportunity to get comfortable in your new lives.

Remember, these are casual chit chats – not about the situation. Everyone will be interacting in a warm-up exercise at the same time.

[Point out warm-up handout to each participant.
Give them general stage direction. You may need to encourage them to start.]

Warm-Up

Mai, John, and Andrea

- John, Andrea, and Mai are in the waiting room discussing the care of Pamela.
- Mai says that she has seen some small signs of improvement in Pamela's condition since her admission.
- Mai mentions that there are many exercises the staff members have planned to improve Pamela's movement and other physical abilities.

Carl, Jason, Linda, Melanie, and Ron

- Each of you has just attended a training session on the importance of teamwork.
- Talk about the ways communication among direct caregivers, managers, and service professionals can improve resident care.
- Discuss each staff person's role regarding resident care.

Facilitator Notes – Scene One (Blue)

Time check: 67 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

It is approximately 9:00 pm on Monday in the Pleasant Hills Nursing facility. The CNAs, Melanie and Linda, and social worker, Jason, are standing near the nursing station on the first floor.

Melanie, Linda, and Jason please go to the nursing station near the first floor waiting area.

Scene One: Blue

Time: Monday, 9:00 pm, near the first floor nursing station

Participants: Jason, Melanie, and Linda

Linda: Hello, you two. It looks like another day is almost over!

Jason: Yes. How has it been for you?

Linda: Pretty good. We were really busy earlier, but things have calmed down. Say, have you seen a resident around here who visits Pamela Pinkston in Room 136? He looks familiar to me, but I don't know his name.

Melanie: Yeah, I saw him a couple of days ago. He was acting kind of sneaky. When he saw me, he looked down at the floor and hurried past. I don't recognize him.

Jason: I don't think I've seen him. Isn't Pamela the woman with the severe brain injury?

Linda: Yes, she is. I've seen the man around here a few times. He shows up later in the evening, after Pam's family is gone. Last time I saw him, he was taking some magazines into her room. I'm not sure that she's able to enjoy reading very much right now.

Jason: Have you talked to him?

Linda: No, I just haven't had time, but I've been wondering which room he's in. He seems to like his privacy – he often closes the door when he's in the room.

Jason: It's possible that he's just a little confused or maybe could use some help. We'll have to check into it. Could you do me a favor and find out his name next time you see him?

Melanie: If I see him, I'll make sure to find out who he is.

Linda: Me too. I'll talk to him next time he's around here.

Facilitator Notes – Scene Two (Green)

Time Check: 62 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

It is approximately 2:00 pm on Tuesday, the day after our last scene, in the Pleasant Hills Nursing facility. John and Andrea have just visited Pamela in Room 136. They are expressing their concerns to the CNA, Linda, about Pamela's condition.

John, Linda, and Andrea, please go to the hallway area outside of the room.

Scene Two: Green

Time: Tuesday, 2:00 pm, outside of Room 136

Participants: John and Linda, and Andrea

Linda: Hi, John, how are things going today?

John: Well, I have to say that I'm a little worried about my wife. She was making great progress, but in the last couple of weeks she seems to have gone downhill. Today she didn't even respond when I spoke to her. She just stared out the window.

Andrea: It was almost like Mom didn't even recognize us today. I'm getting very worried about her.

Linda: Well, I understand your concern. You know, recovering from such a traumatic injury sometimes has its ups and downs. Was she able to tell you if anything was wrong?

John: I asked her, but she wouldn't answer. When I tried to hug her, she pulled away from me and got tears in her eyes.

Linda: You know, we really have to be patient with Pamela as she recovers. There will be good days and bad days. I'm sure that she'll be back on the road to recovery in no time.

John: She wouldn't even touch her lunch. I understand she didn't eat breakfast either. She just pulled up the covers and seemed really detached.

Andrea: It sure is difficult. I hate to see my mom acting so strangely.

Linda: You know, we have people here who might give you more information about the recovery process. You could talk to Mai Lee, our Director of Nursing, about that. Do you think that would be helpful?

John: Yes, I think it would. Thank you for offering.

Linda: Anything we can do! I hope tomorrow is a better day for your wife. I'll see you later.

John: Thanks, Linda. See you tomorrow.

Andrea: Bye, Linda.

Facilitator Notes – Scene Three (Yellow)

Time Check: 57 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

It is later that same day that Linda spoke with John and Andrea Pinkston. Social worker, Jason Jones, has come to see the Director of Nursing, Mai, to report a concern that he has about one of the residents named Lyle Lyons.

Jason, please come over to the office of Mai Lee, the Director of Nursing. Carl, you'll be entering the scene a bit later.

Scene Three: Yellow

Time: Tuesday, 4:00 pm

Participants: Jason, Mai, and Carl

Jason knocks on Mai's office door.

Mai: Hello, Jason. Please come in!

Jason: Thanks, Mai. I've come to you with a concern about one of the residents.

Mai: What's going on?

Jason: Well, I was doing my rounds on the west wing. I overheard one of the residents, Lyle Lyons, say something about how he has a "special someone" here in the facility.

Mai: This is a big nursing home, Jason. Do you have any idea which resident he was talking about?

Jason: I suspect that it could be Pamela Pinkston on the east wing. Just last night, Linda and Melanie on first floor mentioned that they've seen a resident hanging around Pamela's room several times in the last few weeks or so. They didn't know his name.

Mai: Do you think that Lyle and Pamela might have developed a friendship? Or are you worried that something more is going on?

Jason: Well, I have to say I was pretty troubled by the way Lyle was talking. He said something about how she was the “perfect girlfriend” because she can’t say anything to anyone, and that she almost never leaves her room. When he saw me, he stopped talking immediately and looked a little nervous.

Mai: Thanks for coming to me, Jason. I’ll start interviewing the staff that you mentioned. I think I’ll page Carl, our maintenance man. His duties take him all over the building and he may have seen something.

Jason: Let me know if you need me, Mai. See you later.

Jason leaves.

Mai pages Carl, who comes to her office.

Carl: Hi, Mai. Did you page me?

Mai: Yes, please come in, Carl. I wanted to ask if you’ve seen any unusual activity around Room 136 lately.

Carl: I’ve seen Lyle from the west wing near that room a couple times in the last few weeks. Just last night, I saw him coming out of a resident’s room. You know, it was a little odd. He was adjusting his belt when he came out. He kind of gave me a funny look. I wasn’t sure what was going on.

Mai: Carl, can you tell me which room this was?

Carl: I think it *was* Room 136. I remember because it's right down from where I was replacing some light bulbs.

Mai: Since Lyle lives on the opposite side of the building, it's odd that he would be over there at that time of night.

Carl: I was kind of uncomfortable with the situation, but after all, they're both adults. We're supposed to respect their privacy.

Mai: Thanks, Carl, for coming in and telling me about what you saw.

Carl: You're welcome. I hope everything is OK.

Mai: Yes, we'll do everything we can to make sure we are protecting our residents. Thanks, Carl.

Carl: Bye.

Facilitator Notes – Post Scene Three

Facilitator says:

After the first three scenes, it was determined that Lyle Lyons had committed a sexual assault against Pamela Pinkston. Mai contacted the police who interviewed Lyle. He admitted to having sexual contact with Pamela, but insisted that it was consensual.

Facilitator Notes – Debrief Scenes 1, 2, 3

Time Check: 50 minutes remaining

Debrief: 30 minutes

Participant Observation Time

Facilitator says:

Let's take a break from the action to give you time to reflect for a few minutes.

[Hand out Participant Observation Sheet to each person.]

On your **Participant Observation Sheet**, take about 3 minutes to reflect and document your reaction, feelings, and thoughts.

You should work independently on this. We won't be asking you to hand this in. It is only for you to write down some of your thoughts about the situation. Your observations should be made from your *character's* point of view.

[After they've each written, begin the discussion.]

Participant Observation Sheet

Name of Character: _____

Please answer the following questions from the perspective of your character in the scenario:

How do you feel about what has happened so far?

What are some of the **red flags** that things aren't right?

What do you wish would have happened?

Facilitator says:

Let's discuss the scenario starting first with how each of you are feeling about what is happening, then we'll move on to what could have happened differently in this situation. Please use your **Participant Observation Sheet** [hold up sheet] during this discussion and stay in your life.

[Ask each participant about their feelings. After everyone shares feelings, move to Promising Practices discussion]

Facilitator says:

[Only allow about a minute each to explain their feelings]

- **John**, what are your feelings about this situation?
- **Andrea**, what were your feelings?
- **Jason**, how do you feel about what has happened?
- **Mai**, as the Director of Nursing, how do you feel knowing something like this has happened in your facility?
- **Linda**, how do you feel given that you saw Lyle in Pamela's room before?
- **Carl**, what are your feelings about privacy?
- **Melanie**, how do you feel about what happened to Pamela?
- What observations do you have, **Ron**?

Facilitator says:

Before we discuss the *red flags* that occurred in this situation, let's take a look at these documents:

[Distribute these handouts to participants]

- "Factors Contributing to Increased Risk of Sexual Assault for People with Disabilities"
- "Indicators of Sexual Assault"
- "Statistics on Sexual Assault of People with Disabilities"
- "Sexual Assault Service Providers"

Promising Practices Discussion

Facilitator says:

[Facilitator can document key Promising Practices on tear sheets or white board during the discussion. If the recorder or documentation specialist is present, he/she may document as well.]

What are some of Lyle's behaviors – *red flags* – that could have identified him as a perpetrator of sexual assault?

Sample answers:

- He was spending a lot of time in the area around Pamela's room in the weeks before the assault.
- He may have been checking out the situation to see if there was a chance he could be alone with her.
- He has a history of moving around the facility a lot and might have been looking for opportunities to take advantage of other residents as well.
- Visiting after hours (there was opportunity and isolation)
- Closing the door to Pam's room
- Choosing someone vulnerable
- Avoiding staff (looking suspicious, stopped talking when Jason entered the room)
- Bringing gifts (magazines)
- Hiding the magazines he brought to Pamela's room (pornographic?)

[Ask everyone to look at the handout entitled, "Factors Contributing to Increased Risk of Sexual Assault for People with Disabilities"]

Factors Contributing to Increased Risk of Sexual Assault for People with Disabilities

- **Perceived Vulnerability:** Perpetrators target individuals who they think will be unable to tell anyone or will not be believed if they tell anyone.
- **Learned Compliance:** Many individuals with disabilities are dependent on others to provide personal care (bathing, toileting, dressing, etc.). The intimate nature of this care coupled with the inherent power difference that results between the caregiver and the care receiver makes a person susceptible to abuse. Individuals with disabilities have been socialized to comply with the instructions of "those in charge". If the person in charge is sexually abusing her/him, this learned compliance will undermine a person's power to seek protection or support.
- **Isolation:** People with disabilities are often segregated from the general public in education, employment, and/or housing, which limits their participation in common social settings. This isolation increases an individual's dependence on family members, service providers, peers, or other people who are involved in their lives. Perpetrators take advantage of this in order to maintain power and control over a victim and sexually abuse her/him.
- **Education:** People with disabilities are often not educated about healthy relationships, healthy sexuality, appropriate boundaries, correct names for body parts, sexual abuse, legal rights, and individual rights, such as, the right to live free from violence. If a person does not understand what is healthy and what is abusive, or what options are available when they are assaulted, it can be difficult to prevent abuse and seek services or support.

Information for this handout was provided by the
Wisconsin Coalition Against Sexual Assault
www.wcasa.org

Facilitator Says:

Why do you think Lyle chose Pamela?

Sample answers:

- He saw her as vulnerable and unable to resist.
- Her disability makes her dependent on others for care.
- She would have trouble telling anyone about the assault.

[Ask everyone to look at “Indicators of Sexual Assault”]

Indicators of Sexual Assault

Physical indicators are abnormal physiological occurrences that point to the possibility that a sexual assault has occurred. However, these indicators serve only as possible *red flags* that require more investigation. You should always tell someone anytime there is a noticeable change in a client's physical condition.

Physical indicators include:

- Bleeding, bruising, infection, scarring, irritation to a person's genitals, rectum, mouth or breasts
- Genital pain or itching
- Difficulty walking or sitting
- Ongoing unexplained medical problems such as stomach aches and headaches

Behavioral indicators are seemingly unexplained changes in the behavior of an individual. An person with a physical, sensory, or cognitive disability may regularly exhibit some of the behaviors described below; therefore, a behavioral indicator of possible sexual assault/abuse would involve a significant change in behavior.

Behavioral indicators include:

- Sudden change in mood: acting out, aggression, attention-seeking behaviors
- Depression, withdrawal, and suicidal feelings
- Suddenly avoiding specific people, specific genders, or situations
- Inability to concentrate or difficulties with learning
- Resisting examination by doctors
- Shying away from being touched
- Sexually inappropriate behaviors, compulsive masturbation, promiscuity

A perpetrator may display warning signs which could indicate that he/she may be abusive:

- Treats the person like an object
- Does not follow directions when providing personal care
- Is overly intrusive during personal care
- Exhibits "grooming" behaviors

Grooming involves "testing the waters" to see how a potential victim might react. Possible grooming behaviors include: giving the person gifts or treats, giving massages, and setting up "private time" when others might not be around.

Harmful genital practices involve unwarranted, intrusive, and/or painful procedures in caring of genitals or rectal area. This includes applications or insertion of objects when not medically prescribed and unnecessary for the health and well being of the individual. The practices do not meet the health or hygiene needs of the client. Individuals with disabilities that render them unable to independently bathe, use the toilet, and attend to other personal needs are vulnerable to these practices.

Information for this handout was provided by the Wisconsin Coalition Against Sexual Assault
www.wcasa.org

Facilitator Says:

What are some of the indicators that Pamela might be a victim of sexual assault?

Sample answers:

- She did not respond to her family.
- Pamela withdrew from her husband's touch.
- She covered herself when her husband tried to hug her.
- She seemed depressed.
- Her progress reversed dramatically.
- She refused to eat.
- She cried.

Facilitator Says:

Perpetrators may sometimes “groom” potential victims. Let's take a look at some of the grooming behaviors listed in the handout. Are there more?

Sample answers

- Bringing gifts, doing favors, otherwise ingratiating him/herself with the victim's friends and family
- Favoring the potential victim over others because the victim is so “special”
- Touching the future victim lightly as a way to introduce more invasive touching later
- Offering massages to make the victim comfortable with touching
- Gaining the trust of the future victim
- Presenting an overly charming or helpful attitude
- Manipulating or threatening the victim in order to keep the relationship secret or private

Facilitator Says:

What steps might a facility take to ensure thorough follow-up and support for the victim?

Sample answers:

- Keep in mind the victim's right to confidentiality as well as his/her ability to make own decisions (NOTE: In this case, Pamela was unable to make decisions for herself; her husband John is her health care agent.)
- Immediately protect the resident from further harm
- Immediately assess the emotional and physical needs of the resident
- After assessment, offer appropriate services such as medical care, counseling, etc. (NOTE: Pamela or her agent has the right to accept or refuse any services that are offered. While the provider is responsible for responding to concerns arising from sexual assault, the resident has the right to refuse any services that are offered.)
- Contact law enforcement
- Notify the family or guardian and discuss options for safety and supportive services
- Ensure that Director of Nursing and other medical staff at facility are informed and consulted
- Request a Sexual Assault Nurse Examination (SANE) if the assault is recent (within 96 hours)
- Encourage staff members who are not trained as professional counselors to be kind and supportive, but to refrain from offering counseling on their own
- Maintain zero tolerance for gossip about the situation or for any discussion that blames the victim
- Encourage caregivers to report such conversations to a supervisor or social worker
- Contact sexual assault service provider for assistance
- Learn the nature of evidence and how to protect it by training someone within the agency in the identification and handling of evidence
- Begin an investigation immediately
- If a perpetrator is known or suspected, isolate that person from vulnerable residents and report to the Office of Quality Assurance.

Facilitator Says:

What policies and procedures might a facility implement to prevent sexual abuse?

Sample answers:

- Provide in-service training about the recognition of the signs of possible abuse as well as its prevention
- Identify possible threats to residents by screening people who have access to them
- Create a safety plan for all residents to ensure that vulnerable adults are not put at risk
- Encourage staff to report any situation that doesn't *feel* right to them

Facilitator Says:

What practices might direct-care staff follow to prevent abuse in the facility?

Sample answers:

- Stop strangers and find out what they want
- Have accessible visitor lists
- Conduct rounds faithfully
- Maintain security measures, i.e., don't prop open locked doors or let unauthorized people into resident areas
- Report suspicious activity to agency supervisor, social workers, or administrator
- Do not dismiss a suspicious person as harmless because he/she is friendly or charming
- Know the signs of sexual assault; learn to recognize the behaviors of victims and predators
- Remember that some signs of sexual abuse are subtle and that perpetrators require secrecy
- Be aware of the environment and report any odd behaviors or things that just don't *feel* right
- Trust your gut and ***when in doubt, report it!***
- Report any and all injuries, including minor ones
- Know whom to report to

Facilitator Says:

Carl mentioned that he hesitated to report Lyle's visits because "they were both adults" and deserved privacy. Do you think Pam was able to consent to sexual activity?

Sample answers:

- Pamela cannot give her consent because of her physical condition (she is NOT competent to give informed consent to any kind of sexual contact).
- Pamela suffers from a mental deficiency that renders her temporarily or permanently incapable of good judgment in appraising others' conduct.
- While resident privacy is protected, staff must be aware of all visitors and be vigilant about checking in with residents when visitors appear at odd hours.

Facilitator says:

Before we move onto the last scene, let's compare the Learning Points to the questions and answers we just discussed.

Facilitator Notes – Scene Four (Pink)

Time check: 20 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

Let's turn back the clock now and identify what could have happened to prevent the assault. It is now Monday evening once again. Linda, Melanie, and Jason will act immediately when their suspicions about Lyle arise.

Linda, Melanie, and Jason meet in the nursing station.

Scene Four: Pink

Time: Monday, 9:00 pm. near the first floor nursing station

Participants: Melanie, Linda, and Jason

Linda: Melanie, did you recognize that resident who was going into Pamela Pinkston's room earlier? I was so busy, I didn't have time to stop and talk to him.

Melanie: Yeah, I saw him go into her room and close the door. I followed him in and asked him his name. He said that his name is Lyle Lyons and that he lives over on the west wing. I've never seen him before.

Jason: Oh, I know who Lyle is. Isn't Pam the woman with the severe brain injury?

Linda: Yes, that's Pam. What was he doing in her room?

Melanie: Well, I'm not sure, but he had some magazines with him that he didn't want me to see. I told him that visiting hours were over and that we don't allow closed doors when one resident visits another. Besides, he isn't on her visiting list. Pam seemed relieved when I made him leave.

Jason: Hmm, a private visit late at night? Closing the door? And he tried to hide those magazines? That worries me.

Melanie: You mean it's just like what we learned in that training session we went to on sexual abuse?

Linda: Yeah, those are some of the signs, aren't they? He might be grooming her for what he has in mind later.

Jason: Yes, we know the warning signs and possible behaviors. It's great you acted so quickly, Melanie. You may have prevented a sexual assault.

Melanie: I'm going to go make sure Pamela is OK, and I'll call the RN on duty in case she wants to do an assessment.

Linda: So what will happen next?

Jason: We know that if something just doesn't feel right, we need to take action right away. I'm going to call Mai at home—she says we can always contact her day or night. We also need to alert the staff on Lyle's wing. We need to make sure Lyle is detained until we have more information.

Linda: We better make sure *all* the facility staff are aware of this incident. We don't know that Lyle isn't targeting other residents.

Melanie: This man may just be confused or lonely, but we need to protect Pamela and all of our other residents until we know for sure. I'm glad we're working together on this one.

Facilitator Notes – Debrief Scene Four and Scenario Wrap-Up

Time Check: 15 minutes remaining

Facilitator says:

How did the second version turn out better?

Sample Answers:

- **John**, how do you feel about your wife's care now?
- **Andrea**, do you feel confident about your mother's care at Pleasant Hills?
- **Jason**, what actions were you able to take in this situation?
- **Mai**, how did you feel about Jason contacting you after hours and about the actions of your other staff?
- **Linda**, what actions are you able to take to make sure all residents are safe?
- **Melanie**, how were you able to protect Pamela?
- **Carl**, how are you able to respect residents' privacy and keep them safe?

Facilitator Says:

Let's look at the handout "Statistics on Sexual Assault of People with Disabilities."

Sexual Assault Statistics for Older Adults and for People with Disabilities

Older Adults

- 18% of women raped each year are sixty years of age or older.
Cries from the Heartland Video, 1995.
- About 70.7% of older victims were assaulted in a nursing home; 14.6% of older victims were assaulted in the home of the perpetrator; 12.2% were sexually assaulted in their home; 2.4% were assaulted in an adult care residence.
Teaster, P., Roberto, K., Duke, J., Myeonghwan, K. 2000. "Sexual Abuse of Older Adults: Preliminary Findings of Cases in Virginia." Journal of Elder Abuse and Neglect. Vol. 12 (3-4).
- In one-third of the cases, sexually abusive acts towards elders were witnessed by others.
Ramsey-Klawnsnik, H. 1991. Elder Sexual Abuse: Preliminary Findings. Journal of Elder Abuse and Neglect. Vol. 3 No. 3.
- According to one study more than ½ of nursing home residents, who were victims of sexual assault, died within 1 year of their victimization.
Burgess, A., Dowell, E., Prentky, R. Sexual Abuse of Nursing Home Residents. Journal of Psychosocial Nursing, Vol. 38, No. 6. June 2000.
- In 90% of all elder abuse cases, the perpetrator was a family member. Two-thirds of the offenders were adult children or spouses.
Administration on Aging, 1998. National Elder Abuse Incidence Study.

People with Disabilities

- Among adults who are developmentally disabled, as many as 83% of females and 32% of males are victims of sexual assault.
Johnson, I., Sigler R. 2000. "Forced Sexual Intercourse Among Intimates," Journal of Interpersonal Violence. 15 (1).
- 40% of women with physical disabilities reported being sexually assaulted.
Young, M.E., Nosek, M.A., Howland, CA., Chanpong, G., Rintala, D.H. 1997. Prevalence of Abuse of Women with Physical Disabilities. Archives of Physical Medicine and Rehabilitation Special Issue. Vol.78 (12, Suppl.5) 534-538.
- 49% of people with developmental disabilities, who are victims of sexual

violence, will experience 10 or more abusive incidents.

Valenti-Heim, D., Schwartz, L. 1995. The Sexual Abuse Interview for Those with Developmental Disabilities.

- Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported.
Valenti-Heim, D., Schwartz, L. 1995. The Sexual Abuse Interview for Those with Developmental Disabilities.
- Of the women with disabilities who have been married, 38% experienced sexual violence by their partner.
Statistics Canada, Centre for Justice Statistics, 1994 in Roeher Institute (1995). Harm's Way. Ontario: Roeher Institute.
- 33% of abusers are friends or acquaintances, 33% are natural or foster family members, and 25% are caregivers or service providers.
Sobsey, D. (1988) "Sexual Offenses and Disabled Victims: Research and Practical Implications." *Visa Vis*, Vol.6 NoA.

Facilitator Says:

Note how often sexual assaults are reported among people with disabilities. Why do you think people are reluctant to report sexual assaults?

Sample Answers:

- The victim may be afraid of not being believed.
- The victim may be afraid that the abuse will get worse.
- The victim may think that it's his/her own fault.
- The victim may be ashamed.
- The victim may be afraid of being perceived as "dirty."
- The victim's family may be embarrassed if others find out.
- The victim's family may think the ordeal of a sexual assault examination or an investigation may be too much for the victim.
- The facility may worry about bad publicity.

Facilitator Says:

Here are some resources in our community.

[Pass out resource list]

Sexual Assault Service Providers

The Wisconsin Coalition Against Sexual Assault (WCASA) is a statewide coalition of individual, affiliate, and sexual assault service provider members. Visit www.wcasa.org for a full list of local service providers and to access more information regarding sexual assault resources.

In Dane County:

Rape Crisis Center
128 E. Olin Avenue, Ste. 2
Madison, WI 53713
Crisis Line (608) 251-7273
Phone (608) 251-5126

In La Crosse County:

Franciscan Skemp Healthcare-Safe Path
800 West Ave. So.
La Crosse, WI 54601
Crisis Line (608) 791-7804
Phone (608) 791-7804

In La Crosse County:

Gunderson Lutheran Sexual Assault Services
1910 South Ave.
La Crosse, WI 54601
Crisis Line (800) 362-8255
Phone (608) 782-7300, ext 5

In Shawano County:

Safe Haven
PO Box 665
Shawano, WI 54166
Crisis Line (715) 526-3421
Phone (715) 524-6759

In Kenosha County:

Women & Children's Horizons
1511 56th St.
Kenosha, WI 53140
Crisis Line (800) 853-3503
Phone (262) 656-3500

Resources

Wisconsin Coalition Against Sexual Assault (www.wcasa.org)

- Fact Sheets on Sexual Assault:
<http://wcasa.org/resources/factsheets/index.html>
- Training materials/booklets:

Transcending Silence: A Series About Speaking Out and Taking Action in Our Communities (4-part series)

- 1: Focus on Sexual Assault and People with Developmental Disabilities
- 2: Focus on Sexual Assault and People with Physical and/or Sensory Disabilities
- 3: Focus on Sexual Assault and People with Psychiatric Disabilities
- 4: Focus on Sexual Assault and the Elderly

Department of Health and Family Services
(<http://dhfs.wisconsin.gov>)

- DDES Memo 2004-03: Domestic Violence in Later Life and Sexual Assault Incidents Occurring in Facility Settings—A Resource Memo

http://dhfs.wisconsin.gov/dsl_info/InfoMemos/DDES/CY_2004/DDESinfo2004-03.pdf

Wrap-up discussion

Time check: 3 minutes remaining

[Review the Learning Points, thank participants for their participation, and tell them what they will be doing next]

Summary of the Scenario

This case occurs in Pleasant Hills Nursing Home and Rehabilitation Center: a large facility with over 120 residents. Pamela Pinkston is a 51-year-old resident who is recovering from a brain injury sustained in a car accident. She has been here for two months and is receiving rehabilitative services. Pamela's ability to move and talk has been severely reduced by the accident. Her memory is impaired and her thinking is slow. She is not competent to make her own decisions at this time. Her husband, John, has power of attorney for health care and is her health care agent. Pamela has been making steady progress, but recently her family and nursing staff have noticed a decline in her condition.

Lives

Lives depicted:

- **Linda Fuller, CNA**
- **Jason Jones, social worker**
- **Melanie Wilson, CNA**
- **John Pinkston, Pamela's husband**
- **Mai Lee, Director of Nursing**
- **Carl Hamilton, Maintenance man/housekeeper**

Optional lives:

- **Andrea Pinkston, Pamela and John's daughter**
- **Ron Records, Documentation Specialist**

Lives not depicted:

- **Pamela Pinkston, resident**
- **Lyle Lyons, resident**

Who is in each scene:

- **Scene One** (on Blue paper): Jason, Melanie, Linda
- **Scene Two** (Green): John, Andrea, Linda
- **Scene Three** (Yellow): Jason, Mai, Carl
- **Scene Four** (Pink): Jason, Linda, Melanie

NOTE: Due to the sensitive nature of this scenario, neither the victim nor the perpetrator of the sexual assault will be depicted.

Color of the Scenario: Pink

Materials needed

Props:

- Office props for Mai
- Office props for Jason

Theme posters:

- Station poster
- Learning Points
- Prevent, Protect, Promote
- Scenario settings

Handouts:

- “Factors Contributing to Increased Risk of Sexual Assault for People with Disabilities”
- “Indicators of Sexual Assault”
- “Statistics on Sexual Assault of People with Disabilities”
- “Sexual Assault Service Providers”
- Participant Observation Sheet
- Recorder forms

Handouts in Experiential Training Handbook:

These handouts are optional, but are recommended for the best possible outcome to experiential training. They can be found in the Appendix of the Experiential Training Handbook at <http://dhfs.wisconsin.gov/caregiver/training/trgIndex.HTM>. The Handbook has important information and tips on how to conduct the training.

- “Caregiver Misconduct: *Definitions and Examples*”
- “What You Should Know About Reporting”
- Professional Action Plan
- Participant Evaluation

Linda Fuller, age 45

Starter page

- You have been a CNA for more than 10 years. You are dedicated to the best possible care for all of the residents here at Pleasant Hills.
- You have been working with resident Pamela Pinkston since she arrived and have noticed improvements in her condition.
- You have gotten to know Pamela's husband and daughter who come to visit every day.

You value:

- Being an excellent caregiver to residents and a mentor for less experienced CNAs
- Ensuring the residents get the care they need
- Your relationships with coworkers and treating residents and their families with respect

Props: None

Scenes you are in: One (Blue), Two (Green), and Four (Pink)

Jason Jones, age 35

Starter page

- You are a social worker at Pleasant Hills and like working here.
- You enjoy visiting with the residents and their families and helping them with the changes they are experiencing.
- You respect the privacy of the families and residents during visits.
- You are interested in ensuring that residents have the resources and support to respond to emotional situations.

You value:

- Advocating for residents
- Making a difference in the lives of vulnerable people
- Protecting residents' rights

Props: Office supplies

Scenes you are in: One (Blue), Three (Yellow), and Four (Pink)

Melanie Wilson, age 33

Starter page

- You have been a CNA for 2 years. You are dedicated to the best possible care for all of the residents at Pleasant Hills.
- You occasionally work with resident Pam Pinkston, and have noticed improvements in her condition.
- You have noticed that Pam's husband and daughter come to visit every day.

You value:

- Being an excellent caregiver and positive role model
- Learning more about meeting the needs of residents
- Teamwork

Props: None

Scenes you are in: One (Blue) and Four (Pink)

John Pinkston, age 53

Starter page

- You have been married to Pamela for 25 years. You have a daughter Andrea who lives nearby.
- Your wife was involved in a serious car accident almost three months ago and has a serious brain injury. She is now receiving rehabilitative services at the Pleasant Hills Nursing Facility.
- You come to visit your wife daily.
- You have had your own construction business for 10 years.

You value:

- Helping your wife recover from the accident
- Maintaining your business while helping your wife
- Helping your daughter through this difficult time

Props: None

Scenes you are in: Two (Green)

Andrea Pinkston, age 24

Starter page

- You are the daughter of Pamela Pinkston.
- You are very upset about the accident and injuries that your mother has experienced.
- You have just finished your college degree in Geography and are planning to go to graduate school next year.
- You try to visit your mother daily. It seems to cheer her up.

You value:

- Helping your mother recover
- Making sure the staff at Pleasant Hills are meeting the needs of your mother
- Continuing your education

Props: None

Scenes you are in: Two (Green)

Mai Lee, age 44

Starter page

- You are the Director of Nursing (DON) and directly supervise the CNAs, including Linda Fuller and Melanie Wilson.
- You have worked at Pleasant Hills for the past 7 years.
- You are in charge of overseeing the nursing care and rehabilitation services of all residents.
- You try to have contact with all the residents and have just met Pamela Pinkston. She has a serious brain injury, but is showing signs of recovery.

You value:

- Providing leadership and support to your staff
- Ensuring a safe environment for residents and staff
- Communicating effectively with family, residents and staff

Props: Office supplies

Scenes you are in: Three (Yellow)

Carl Hamilton, age 31

Starter page

- You have been a housekeeper and maintenance man at Pleasant Hills for three years. The facility has about 120 residents.
- You have worked in both hospital and nursing home settings.
- Because you spend a lot of time cleaning and fixing the rooms of the residents, you sometimes get to know them pretty well.

You value:

- Ensuring that every resident's room is very clean
- Meeting the maintenance standards of the facility
- Respecting the privacy of residents and their families

Props: None

Scenes you are in: Three (Yellow)

Ron Records, Documentation Specialist

You are the documentation specialist. You will need to pay close attention to the activity in this scenario. Your job is to observe all the scenes and report on the following topics:

General observations worth noting and reporting:

Identify potential *red flags* of harm to the resident:

What could staff have done to prevent the situation from happening?

Evidence of efforts to protect Pamela:

Evidence of ways to promote Pamela's dignity and respect:

Evidence of ways to promote staff members' dignity and respect:

Materials Checklist

The documents on the following pages will be printed full-scale for this Scenario.

Pamela Pinkston Scenario Suggested Materials Checklist

Scenario Props:

- ___ 3 pink tablecloths
- ___ Mai Lee's name plate
- ___ Office supplies for Mai
- ___ Office supplies for Jason
- ___ 2 coffee cups
- ___ Newspaper for break room

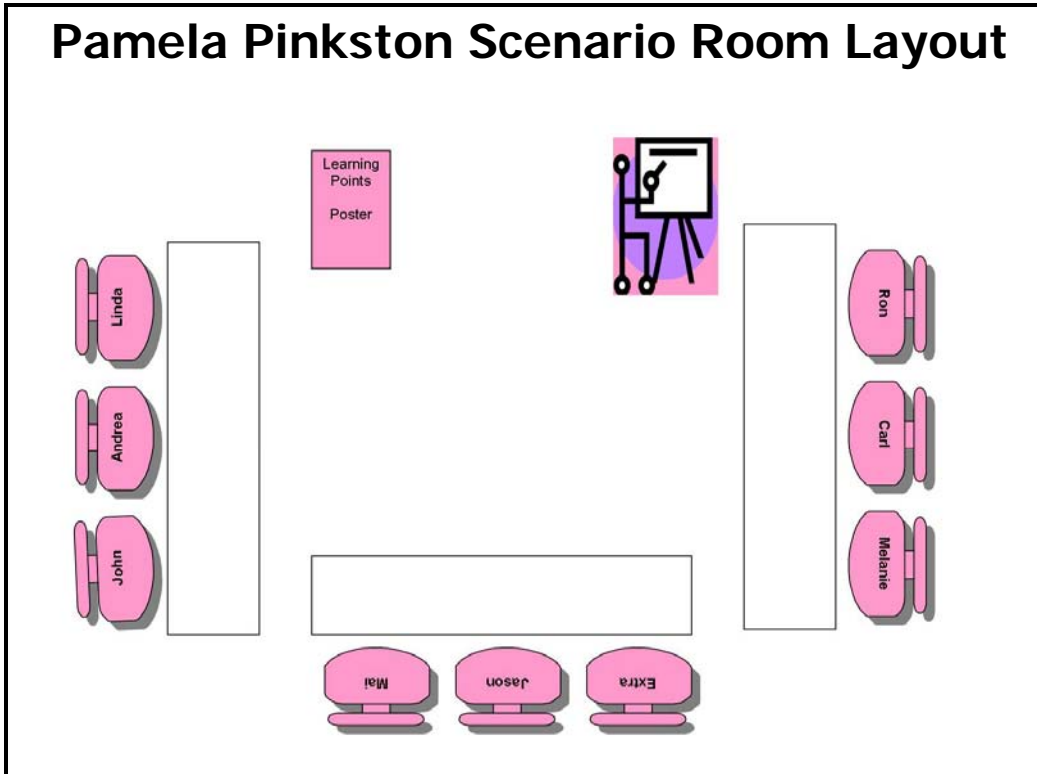
Handouts:

- ___ "Factors Contributing to Increased Risk of Sexual Assault for People with Disabilities"
- ___ "Indicators of Sexual Assault"
- ___ "Statistics on Sexual Assault of People with Disabilities"
- ___ "Sexual Assault Service Providers"
- ___ Participant Observation Sheet
- ___ Recorder forms

Facilitator Supplies:

- ___ 1 Facilitator's Guide
- ___ 8 Life binders
- ___ Pencils for participants
- ___ Flip chart or whiteboard with markers
- ___ Timer with battery
- ___ 9 Name Badges
- ___ Scenario setting posters
- ___ Support posters
- ___ Scenario layout sheet
- ___ Learning Points poster
- ___ Station poster

Room Layout and Name Badges



Scenario Setting Name Badges

Facilitator	John Pamela's husband	Carl Housekeeper and Maintenance Man
Jason Social Worker	Mai Director of Nursing	Linda CNA
Melanie CNA	Andrea Pamela & John's daughter	Ron Documentation Specialist

Scenario Setting Posters



Pleasant Hills Break Room



East Wing Hallway



Mai's Office



Pleasant Hills Nurse's Station



Jason's Office



Pinkston Family Home

Support Poster





Learning Points and Station Poster

Learning Points Poster

PAMELA PINKSTON

LEARNING POINTS

- Recognize the signs and symptoms of sexual assault
- Know how and where to report sexual assault and how to support victims
- Understand how to prevent sexual assault

caregivers
PREVENT  PROTECT  PROMOTE
abuse/neglect clients dignity

Station Poster for Main Meeting Area

Pamela Pinkston



Sexual Assault

Nursing Home